

Saving Money and Improving Spine Care



Chiropractic Services Network

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Spine Care in the U.S.

- The U.S. health care system spends about as much each year on spine problems as it does on cancer.

-Journal of the American Medical Association. 2008; 299(6):656–664

- Estimates from 2008 put care related to back pain at \$86 billion per year

-Population Health Management 2013;16:390–396.

- Both back and neck pain are independently in the top 5 diseases that contribute to disability among Americans, outranking other diseases such as diabetes, chronic pulmonary disease, and ischemic heart disease.

-Journal of the American Medical Association. 2013; 310:591–608.

- 75% of spine care expense is associated with surgery, imaging, prescriptions, injections, evaluations and emergency room visits.

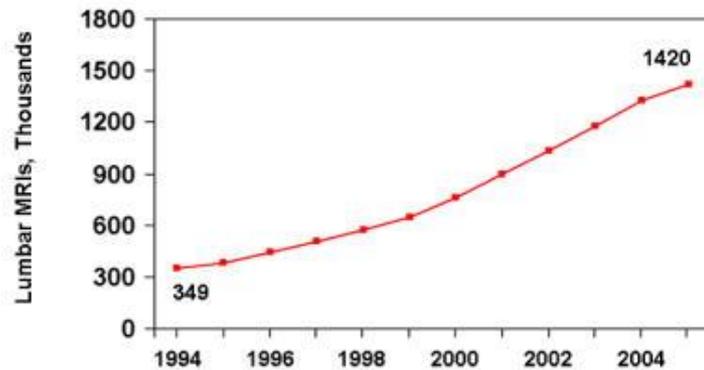
- Musculoskeletal conditions, including neck and back pain, make up the largest portion of medical expenses for employer health plans.

-The distribution and analysis of annualized claims data for more than 3.7 million commercial health plan members. Data retrieved from the UnitedHealthcare national commercial claims database, July 1, 2013–June 30, 2014. November 10, 2014.

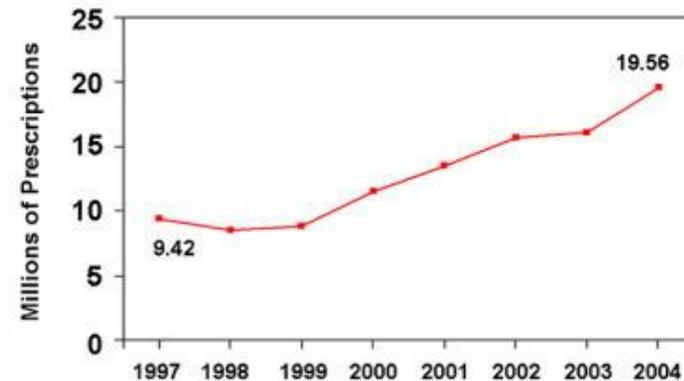
Unsustainable Trends

Costly Back Pain Overtreatment

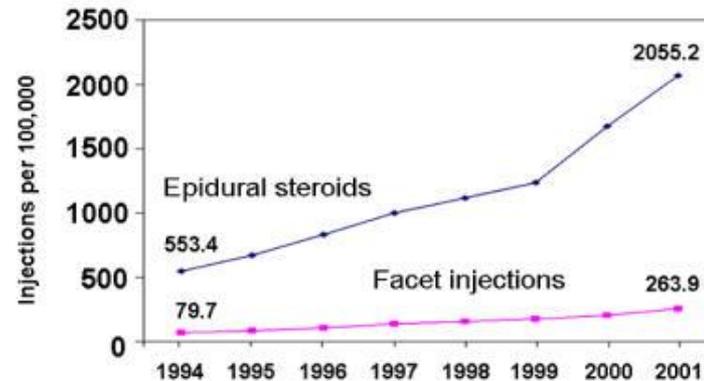
1a. Lumbar spine MR imaging, Medicare



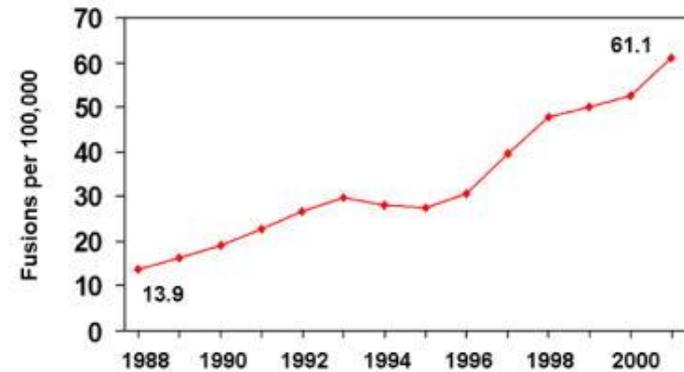
1b. Opioid analgesic prescriptions for spine problems



1c. Lumbosacral injection rates, Medicare



1d. Lumbar fusion rates, degenerative spine conditions



Journal American Board of Family Medicine : 2009; 22(1): 62–68.

Opioids – Chiropractic Offers a Safe & Less Costly Drug-Free Alternative

- Nationwide, on average, 82.5 out of every 100 Americans had a prescription written for opioid painkillers in 2012 (DE 90.8:100, PA: 88.2:100, Nationwide Average 82.5:100)
-Centers for Disease Control and Prevention
- Use of opioids – most common treatment for low back pain *-Univ. Texas Health Science Center*
- Up to 50 percent of back pain sufferers are prescribed an opioid - “There is no evidence that opioids are effective for long-term treatment of chronic pain” - “Opioid therapy is causing grave harm to patients and to society” - “Opioids are impeding the effective treatment of low back pain” – *The BackLetter: January 2015 –Vol. 30*
- Patients treated with opioid drugs were on average: disabled 69 days longer than and had a 3 times increased risk for surgery *-Spine. 2007; 32:2127-2132.*
- Medicaid patients with opioid abuse/dependence had more comorbidities and higher medical costs in 2002-2003 *-Journal of Pain and Palliative Care Pharmacotherapy. 2010; 24:5-18*
- “When you talk to people who use heroin today, almost all of them will tell you that their opioid addiction began with exposure to painkillers.” *-Dr. Kolodny, president of Physicians for Responsible Opioid Prescribing*

Greater Access To Chiropractic Lowers Opioid Prescription Rates

“A higher per-capita supply of DCs [Doctors of Chiropractic] and Medicare spending on CMT [chiropractic manipulative therapy] were inversely associated with younger, disabled Medicare beneficiaries obtaining an opioid prescription”

“findings suggest that America’s opioid epidemic might be reduced should Medicare consider a clinical trial of chiropractic spinal manipulation prior to conventional medical care for patients with neck or back pain”



Cross-Sectional Analysis of Per Capita Supply of Doctors of Chiropractic and Opioid Use in Younger Medicare Beneficiaries

William B. Weeks, MD, PhD, MBA, Christine M. Goertz, DC, PhD

Journal of Manipulative & Physiological Therapeutics, Volume 39, Issue 4, Pages 263–266 (May 2016)



Low Back Pain Episode Costs

funded by the National Institutes of Health

Analysis of Medicare recipients with chronic Low back pain (cLBP) over 5 years, between 2007 and 2011

Chiropractic care reduces Medicare costs for chronic low back pain by 50-80%

“patients who obtained only CMT [Chiropractic Manipulative Therapy] had Medicare Part A expenditures that were about 80% lower, and Part B and D expenditures that were about 50% lower, than those of patients who did not use any CMT during their cLBP episode.”

“expenditures for CMT were offset by lower expenditures for psychiatric, physical therapist (PT), or DO services and with substantially lower pharmaceutical (and particularly pain medication) costs”

“back surgery rates were substantially lower among patients who used only CMT”

THE ASSOCIATION BETWEEN USE OF CHIROPRACTIC CARE AND COSTS OF CARE AMONG OLDER MEDICARE PATIENTS WITH CHRONIC LOW BACK PAIN AND MULTIPLE COMORBIDITIES

William B Weeks, MD, PhD, MBA, Brent Leininger, DC, James M Whedon, DC, MS, Jon D Lurie, MD, MS, Tor D Tosteson, ScD, Rand Swenson, DC, MD, PhD, Alistair J O'Malley, PhD, and Christine M Goertz, PhD, DC

Journal of Manipulative and Physiological Therapeutics : February 2016; 39:63-75.e2



Low Back Pain Episode Costs

continued

“Our findings suggest that, from a Medicare cost standpoint, CMT may be a cost-efficient first line treatment choice for older, multiply-comorbid patients with cLBP”

“If policymakers encouraged DCs [Doctors of Chiropractic] to have a greater role in initially managing such patients, patients may have episodes of care that were shorter and less costly (both overall and per episode day), and they might have lower pharmaceutical expenditures for pain medications”

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NORTH CAROLINA STATEWIDE CLAIMS' DATA ANALYSIS

State Health Plan for Teachers and State Employees (NCSHP)

Blue Cross Blue Shield of North Carolina – May 2016

Treatment Path Comparison:

headaches, neck and low back pain

(uncomplicated and complicated)

Evaluated the most common diagnosis codes used across all 3 professions
(Medical/Osteopathic, Chiropractic, and Physical Therapy)

660,000 covered beneficiaries between the years 2006-2009
(7,394,504 total claims evaluated)

Risk-adjusted analysis was utilized for claims between 2006-2009 in order to compare the more
typical patient
(apples to apples)



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NORTH CAROLINA STATEWIDE CLAIMS' DATA ANALYSIS

Results

Chiropractic care
costs were on
average:

33-76% less for
uncomplicated low back pain
50-79% less for complicated
low back pain

41-80% less for
uncomplicated neck pain
54-84% less for
complicated neck pain

10%-79% less for
headaches

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NORTH CAROLINA STATEWIDE CLAIMS' DATA ANALYSIS

conclusions

- “Creating policies to encourage the use of lower-cost services, such as chiropractic care, may be a mechanism to mitigate the escalating costs associated with headache management.”
- “Given our cost-conscious healthcare environment it would appear reasonable to ensure that patients with neck pain have adequate access to DC [doctor of chiropractic] services.”
- “Policy makers are beginning to use levers that incent the use of lower cost services for the management of LBP, such as DC care, to mitigate the rising cost associated with specialty/referral care.”

Referral care: hospitals, surgical centers, emergency medicine, and other specialty referral services and providers

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